

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: GORHAM TELEPHONE COMPANY INC.			
Digitally signed by Tonya Murphy DN: cn=Tonya Murphy, email=tmurphy@gorhamtel.com, O=gorham telephone company inc., l=Gorham KS 67640-0235, Date: 5/17/2022			
Signature of Authorized Officer: Tonya Murphy		Date: 5/17/2022	
Printed name of Authorized Officer: Tonya Murphy			
Title or position of Authorized Officer: Secretary			
Telephone number of Authorized Officer: 785-637-5300			
Study Area Code of Reporting Carrier	411778	Filing Due Date for this form (mm/dd/yyyy)	6/16/2022
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier

I certify that (Name of Agent) National Exchange Carriers Association, Inc is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent is accurate.

Name of Authorized Agent : National Exchange Carriers Association, Inc.

Name of Reporting Carrier: GORHAM TELEPHONE COMPANY INC.

Digitally signed by Tonya Murphy DN: cn=Tonya Murphy, email=tmurphy@gorhamtel.com, O=gorham telephone company inc., j=Gorham KS 67640-0235, Date: 5/17/2022

Signature of Authorized Officer:

Tonya Murphy

Date: **5/17/2022**

Printed name of Authorized Officer:

Tonya Murphy

Title or position of Authorized Officer:

Secretary

Telephone number of authorized officer:

785-637-5300

Study Area Code of Reporting Carrier

411778

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2022

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to \$51.917(f).

Name of Reporting Carrier: GORHAM TELEPHONE COMPANY INC.			
Signature of Authorized Officer or employee: Tonya Murphy		<small>Digitally signed by Tonya Murphy DN: cn=Tonya Murphy, email=tmurphy@gorhamtel.com, O=gorham telephone company inc., l=Gorham KS 67640-0235, Date: 5/17/2022</small>	
Printed name of Authorized Officer or employee: Tonya Murphy			
Title or position of Authorized Officer or employee: Secretary			
Telephone number of Authorized Officer or employee:		785-637-5300	
Study Area Code of Reporting Carrier	411778	Filing Due Date for this form (mm/dd/yyyy)	6/16/2022
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

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Signature of Authorized Officer or employee: Tonya Murphy		<small>Digitally signed by Tonya Murphy DN: cn=Tonya Murphy, email=tmurphy@gorhamtel.com, O=gorham telephone company inc., l=Gorham KS 67640-0235, Date: 5/17/2022</small> Date: 5/17/2022	
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Title or position of Authorized Officer or employee: Secretary			
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